# SOUTH HUNTINGTON BEACH GIRLS FASTPITCH SOFTBALL
# EMERGENCY CARE AND CONSENT FORM

*Child's Name:* *Birthdate:*

*Division:* ❑ *6U* ❑ *8U* ❑ *10U* ❑ *12U* ❑ *14U-18U* *Team #:*

## Family Information

*Child's Address:* *Home Phone:*

*City:* *Zip:*

***••Mother's Name:*** *Home Phone:* *Cell:*

*Home Address:* *City:* *Zip:*

*Business Address:* *City:* *Zip:*

*Business Phone:*

***••Father's Name:*** *Home Phone:* *Cell:*

*Home Address:* *City:* *Zip:*

*Business Address:* *City:* *Zip:*

*Business Phone:*

## Other Persons Authorized to be Contacted in Case of Emergency

| *Name:* | *Address:* | *Phone* | *Cell:* | *Relationship:* |
|---|---|---|---|---|
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## Physician/Dentist/Insurance Information

*Physician:* *Address:* *Phone:*

*Dentist:* *Address:* *Phone:*

*Insurance Company: (HealthPlan)*

*Subscriber Number:* *Group Number:*

*Emergency Hospital Preference:*

*Alternative action if physician cannot be reached:*

## Medical Information

*Known allergies:*

*Date of last Tetanus:*

*Describe continuing medical conditions and medications:*

*Physical Impairment:* ❑ *Yes* ❑ *No* *Describe:*

*I give permission for my child to participate in South Huntington Beach Girls Fastpitch Softball League (SHBGFS). I, the undersigned parent/guardian of the participant, a minor, do hereby authorize coaches, assistant coaches, or parents of the team members acting in the capacity of supervisor/vehicle drivers, as Agents for the undersigned consent to medical, surgical, or dental examination and/or treatment.*

*In the event my child, _____becomes ill or sustains injury while in the care of the SHBGFS league, I authorize a representative to render first aid. If it is not possible to contact the doctor named above or to receive instruction for her treatment, I hereby give my consent to any licensed physician contacted to treat, administer drugs, medicines and/or surgical procedures as the existing emergency requires, for the relief of pain and preservation of life and health.*

*To induce the SHBGFS league to accept registration and permit participation in SHBGFS by the above named individual, I, the parent/guardian of said individual hereby give my consent and agree to release, indemnify and hold harmless SHBGFS, its officials, coaches and representatives from any claim arising out of injury to the above named individual except to extent and amount covered by the SHBGFS accident reimbursement plan and/or liability insurance held by SHBGFS.*

*Parent/Guardian Signature* *Date*

*Form SHB04ef_FP*